

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street)

1445 New York Avenue NW

Ste 800

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven J. Debnar

Signature of Treasurer

Electronically Filed by Steven J. Debnar

Date

04

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 52

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2010 | | 273974.15 |
| (b) Cash on Hand at Beginning of Reporting Period | 276019.13 | |
| (c) Total Receipts (from Line 19) | 79038.00 | 108937.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 355057.13 | 382911.15 |
| 7. Total Disbursements (from Line 31) | 11472.45 | 39326.47 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 343584.68 | 343584.68 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

4 / 52

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 71040.00 | 95885.00 |
| (ii) Unitemized | 7998.00 | 13052.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 79038.00 | 108937.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 79038.00 | 108937.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 79038.00 | 108937.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 79038.00 | 108937.00 |

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 472.45 | 826.47 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 472.45 | 826.47 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 11000.00 | 38500.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | |
| 29. Other Disbursements..... | 0.00 | 0.00 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 11472.45 | 39326.47 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 11472.45 | 39326.47 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 79038.00 | 108937.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 79038.00 | 108937.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 472.45 | 826.47 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 472.45 | 826.47 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Rex A. Amonette

Mailing Address 665 S Willett Street

City

Memphis

State

TN

Zip Code

38104-4932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memphis Dermatology Clini-
c, PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 1 0

Transaction ID: A96C4B442392373552F

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

John Paul Anders

Mailing Address 4370 Bonnie Brook

City

Ottawa Hills

State

OH

Zip Code

43615-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anders Dermatology Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 0

Transaction ID: 82D32CFA14F9AB98EB0

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Christopher J. Arpey

Mailing Address Department of Dermatology
200 Hawkins Drive

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
U of Iowa Hospitals

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 0

Transaction ID: E48D91FFFE5EDB0A087

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

John R. Ashley

Mailing Address 3613 E 88th Street

City

Tulsa

State

OK

Zip Code

74137-2671

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Clinic

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: DFB9A1008554AE5EAFA

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mark R. Balle

Mailing Address 607 Canterbury Road

City

Grosse Pointe Wood

State

MI

Zip Code

48236-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Medical Center-
Columbus

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: 5ED0F0A56A297BBB495

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Jay G. Barnett

Mailing Address 163A E 70th Street

City

New York

State

NY

Zip Code

10021-5162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnett Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 0

Transaction ID: 6E1B4E689E3FC858713

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Jay M. Barnett

Mailing Address 11704 Lake Potomac Drive

City

Potomac

State

MD

Zip Code

20854-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: ECC78D2CB6760EC3284

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David J. Barnette, Jr.

Mailing Address 6649 Curlew Terrace

City

Carlsbad

State

CA

Zip Code

92011-3965

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leo Indianer MD Med CorpOccupation
Dermatopathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: E82FCFA1A7F6D64926B

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Daniel D. Bennett

Mailing Address 806 Hillcrest Drive

City

Salado

State

TX

Zip Code

76571-5841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott & White DermatologyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: 7A1453F26B8CC222F7C

Amount of Each Receipt this Period

300.00

PayPal

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Brenda J. Berberian

Mailing Address 11003 Cedarwood Drive

City

North Bethesda

State

MD

Zip Code

20852-3460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: 5FE81BBA2BECA0DBC26

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James D. Bernard

Mailing Address Apt. 108
535 Florida Club Boulevard

City

Saint Augustine

State

FL

Zip Code

32084-3832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: 543C79AE32D7E5A0E8A

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kenneth E. Bloom

Mailing Address Suite 300
2795 Pilot Knob Road

City

Eagan

State

MN

Zip Code

55121-1176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Derm Ctr for Children &
Young Adults

Occupation
Provider

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: A8DE382786669C8889B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Marc E. Boddicker

Mailing Address 705 Columbus Street

City

Rapid City

State

SD

Zip Code

57701-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Dermatology Cent-
er, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: DF406C378BC8F608FC1

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Erin E. Boh

Mailing Address 2035 General Pershing Street

City

New Orleans

State

LA

Zip Code

70115-5435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tulane Medical School

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: A8E4F9F81C355D339BE

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Martin Alan Braun

Mailing Address 302 Buxton Road

City

Falls Church

State

VA

Zip Code

22046-3618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 29192D88F520A1A7D7B

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

James L. Brazil

Mailing Address 424 Lilly Road Northeast

City

Olympia

State

WA

Zip Code

98506-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: 8E42ACB3F63D568BC35

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mitchell L. Bressack

Mailing Address 33 Graymoor Lane

City

Olympia Fields

State

IL

Zip Code

60461-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Center of Nor-
thwest Indian

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 1 0

Transaction ID: 255A7B6586BA1A54F44

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Bruce A. Brod

Mailing Address 831 Robert Dean Drive

City

Downingtown

State

PA

Zip Code

19335-4464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: 687AA75D13B9F68A75C

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Patricia A. Carroll-Chen

Mailing Address Suite 101-101A

13128 N 94th Drive

City

Peoria

State

AZ

Zip Code

85381-4254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 1 0

Transaction ID: E4E0E5B1D18A975A44A

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Rebecca J. Caserio

Mailing Address 4142 Bigelow Boulevard

City

Pittsburgh

State

PA

Zip Code

15213-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJC Fox Chapel Dermatology
PC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 7924A180812D38C3704

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David J. Clemons

Mailing Address 304 Corinne Circle

City

Shreveport

State

LA

Zip Code

71106-6004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 1 0

Transaction ID: DABEE693647079E5DD6

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

2865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Clay J. Cockerell

Mailing Address 4312 Arcady Avenue

City

Dallas

State

TX

Zip Code

75205-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cockerell & Associates

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 0E449ACCD571B554CB0

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kendra A. Cole

Mailing Address 4520 River Mansions Trace

City

Berkeley Lake

State

GA

Zip Code

30096-2996

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: 5E5FFD9CA2CC1DBBE27

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Linda M. Cooke

Mailing Address 8795 County Road 418

City

Hannibal

State

MO

Zip Code

63401-6878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 529545A4BB550ACAE5D

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Foy W. Cox

Mailing Address PO Box 1142

City

Penn Valley

State

CA

Zip Code

95946-1142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 8D7C306310191882FD5

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Terrence A. Cronin, Jr.

Mailing Address 1399 S Harbor City Boulevard

City

Melbourne

State

FL

Zip Code

32901-3208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cronin Skin Cancer Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 167E0742C27270CA74F

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Stephen Robert Damm

Mailing Address Suite 220
9811 Mallard Drive

City

Laurel

State

MD

Zip Code

20708-3199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 14C6347B6CE383CB77C

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Thomas L. Davis

Mailing Address 221 Morningside Drive

City

San Antonio

State

TX

Zip Code

78209-4733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatopathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 0

Transaction ID: 38544E9891C19EBD2AC

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

T. Wayne Day

Mailing Address 24 White Bridge Road

City

Nashville

State

TN

Zip Code

37205-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: 9EEC2CC68DCAA33FE4C

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Fernando R. DeCastro

Mailing Address 250 Fountain Court

City

Lexington

State

KY

Zip Code

40509-1888

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates of
Kentucky

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 0

Transaction ID: DD6086A7BE97AED3FB3

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 52

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Daniel Burton Dietzman

Mailing Address 100 Dana Avenue

City

Wenatchee

State

WA

Zip Code

98801-1768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wenatchee Valley Medical
CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 9 | | 2 | 0 | 1 | 0 |

Transaction ID: 2F46058B7BCA0A10343

Amount of Each Receipt this Period

500.00

PayPal

B.

Full Name (Last, First, Middle Initial)

Scott M. Dinehart

Mailing Address 28 Chimney Sweep Lane

City

Little Rock

State

AR

Zip Code

72212-2083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 4 | | 2 | 0 | 1 | 0 |

Transaction ID: E50214299C4863BEB4E

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

James W. Donnelly

Mailing Address 2303 Clifton Forge Drive

City

Saint Louis

State

MO

Zip Code

63131-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Dermatology
and CutaneousOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 9 | | 2 | 0 | 1 | 0 |

Transaction ID: C877D867BF979C96769

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Linda E. Fancher

Mailing Address 2106 Kalawahine Place

City

Honolulu

State

HI

Zip Code

96822-2535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 8590D9D203920D95083

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Patrick Robert Feehan

Mailing Address 584 Northlawn Drive

City

Lancaster

State

PA

Zip Code

17603-2381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 0

Transaction ID: 6D40F6CA3620A12199E

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Matthew Kent Flynn

Mailing Address 7709 Sandy Bottom Way

City

Raleigh

State

NC

Zip Code

27613-8829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 0

Transaction ID: BDA230DD2DBEF8AF3C8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Diane S. Ford

Mailing Address 5509 Bootjack Drive

City

Frederick

State

MD

Zip Code

21702-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clearview Professional Co-
ndominium

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20EA91CBBBDE619C6D2

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

R. John Fox, Jr.

Mailing Address 7705 Valburn Drive

City

Austin

State

TX

Zip Code

78731-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Dermcare

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: E78A75D35B6B7D5AD25

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Scott A. Fretzin

Mailing Address 6319 Glen Coe Drive

City

Indianapolis

State

IN

Zip Code

46260-4736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawes Fretzin Dermatology
Group

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: E9A686E988872CD7DF7

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1015.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

David B. Friedman

Mailing Address 225 6th Street

City

Seal Beach

State

CA

Zip Code

90740-6134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: B2E3F06985E4CD9BD11

Amount of Each Receipt this Period

465.00

B.

Full Name (Last, First, Middle Initial)

Charles S. Fulk

Mailing Address 904 Cherokee Boulevard

City

Knoxville

State

TN

Zip Code

37919-7847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: A34F00BD05C7F5A802E

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lauren B. A. Gandhi

Mailing Address 2980 Greenwich Road

City

Winston Salem

State

NC

Zip Code

27104-4050

FEC ID number of contributing
federal political committee.

C

Name of Employer
PremierMedical Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: 8E2FFA16A48589093A1

Amount of Each Receipt this Period

350.00

PayPal

SUBTOTAL of Receipts This Page (optional)

1065.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Sharon Foster Gardepe

Mailing Address 11106 Argent Drive Southeast

City

Huntsville

State

AL

Zip Code

35803-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: E622B267733340AD1C6

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Anita C. Gilliam

Mailing Address 2243 Howard Avenue

City

San Carlos

State

CA

Zip Code

94070-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology, Palo Alto Me-
dical Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: 058724FD3FE40C93FAF

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Brad P. Glick

Mailing Address # 10C
7590 Old Thyme Court

City

Parkland

State

FL

Zip Code

33076-3903

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Skin & Laser
Center

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: F543966E16E64B75BBC

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Roger S. Golomb

Mailing Address 18 Winston Drive

City

Belleair

State

FL

Zip Code

33756-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clearwater Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 0

Transaction ID: 71F391210FFC2A572EE

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gloria F. Graham

Mailing Address 106 Cypress Drive

City

Pine Knoll Shores

State

NC

Zip Code

28512-6706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Down East Associates PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: BB0E57F4496E267ECA6

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Lawrence J. Green

Mailing Address 7820 Mary Cassatt Drive

City

Potomac

State

MD

Zip Code

20854-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 8FE764697C4A4DA54B2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Hubert T. Greenway, Jr.

Mailing Address PO Box 946

City

Rancho Santa Fe

State

CA

Zip Code

92067-0946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scripps Clinic

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 1 0

Transaction ID: 545CDE8C5FD1B7A6374

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Arthur Welz Gulick

Mailing Address 17165 Fahrner Road

City

Chelsea

State

MI

Zip Code

48118-9721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: C121D35907D8AF78315

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard Scott Hall

Mailing Address 4272 Cedar Springs Drive

City

Cookeville

State

TN

Zip Code

38506-6267

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 0

Transaction ID: 830E669102D7FEEE509

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Ronald Douglas Hall

Mailing Address Unit A1

547 Cedar Creek Road

City

Pikeville

State

KY

Zip Code

41501-1439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: D0A4E1D5448D5EE0B53

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kenneth E. Harper

Mailing Address 1476 Morning Glory Road Northeast

City

Albuquerque

State

NM

Zip Code

87122-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Dermatology Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 1 0

Transaction ID: 848BC9C7FD590C8C6EC

Amount of Each Receipt this Period

300.00

PayPal

C.

Full Name (Last, First, Middle Initial)

Nicole Hartsough

Mailing Address 6861 Thomas Parkway

City

Rockford

State

IL

Zip Code

61114-8193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartsough Dermatology

Occupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: 516503AC4C7BA8AF70C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Ali Hendi

Mailing Address # 907

7710 Woodmont Avenue

City

Bethesda

State

MD

Zip Code

20814-6004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 1 0

Transaction ID: 1600665E762C5090C6D

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Manuel H. Hernandez

Mailing Address PO Box 510065

City

Punta Gorda

State

FL

Zip Code

33951-0065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: B8766CBAC894771964E

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Sharon L. Horton

Mailing Address Suite 190

1049 E Wilson Street

City

Batavia

State

IL

Zip Code

60510-2478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: BB413F638CD2408B97E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 26 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Tony M. Hsu

Mailing Address Apt. 2

7672 Amazon Drive

City

Huntington Beach

State

CA

Zip Code

92647-8623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: 77C9A1571678AD10306

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steven Lee Hubert

Mailing Address 56 Stonecliff Road

City

Princeton

State

NJ

Zip Code

08540-2329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrenceville Dermatology
Associates

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 97CDDC7FD15EF4BCF63

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert Hadley Huff

Mailing Address 12170 Montcalm Street

City

Carmel

State

IN

Zip Code

46032-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology, Inc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 6F8B5E4A4EEED09DA90

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Brad R. Johnson

Mailing Address 1606 Tiger Lily Court

City

Greenwood

State

AR

Zip Code

72936-3028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: FD05BA6CAE522B87874

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Alice Plummer Joyce

Mailing Address 3518 Fort Roberdeau Avenue

City

Altoona

State

PA

Zip Code

16602-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 7842D7230D0760466FD

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

John P. Joyce

Mailing Address 1101 Logan Boulevard

City

Altoona

State

PA

Zip Code

16602-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 3310EBB1F785016BC47

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Sharon B. Kelly

Mailing Address 3417 74th Avenue Southeast

City

Mercer Island

State

WA

Zip Code

98040-3422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastside Dermatology inc.
PS

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: E807CA3E19ED76ED0F6

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kimberly A. Kolar

Mailing Address 4385 Juniper Trail

City

Reno

State

NV

Zip Code

89519-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: A97F73B0B693D8154B2

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Hazle Smith Konerding

Mailing Address 205 Cyril Lane

City

Richmond

State

VA

Zip Code

23229-7740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: AFEA1425739C976D169

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

E. Michael Kramer

Mailing Address 721 Governor Circle

City

Newtown Square

State

PA

Zip Code

19073-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Institute for Dermatopath-
ology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 356F146348EF370B3B0

Amount of Each Receipt this Period

500.00

PayPal

B.

Full Name (Last, First, Middle Initial)

Catherine L. Laughlin

Mailing Address 4715 S Kimbrough Avenue

City

Springfield

State

MO

Zip Code

65810-1853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ferrell-Duncan Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 0

Transaction ID: DCD5F91C0431DF54AB1

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mark Lebwohl

Mailing Address Apt. 2505
300 E 85th Street

City

New York

State

NY

Zip Code

10028-4593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Sinai School of Med-
icine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: DBE6F5F6B257C23E77D

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Esther J. Lee

Mailing Address 16500 Spillway Drive

City

Wagram

State

NC

Zip Code

28396-9561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scotland Dermatology, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: FAA7D0944D670AAE96A

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Stuart S. Leicht

Mailing Address 272 Lake Meadow Drive

City

Johnson City

State

TN

Zip Code

37615-4081

FEC ID number of contributing
federal political committee.

C

Name of Employer
ETSU Physicians and Associates

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 0

Transaction ID: 2BC61897657C6DAE83F

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Aimee L. Leonard

Mailing Address 130 Crestview Circle

City

Longmeadow

State

MA

Zip Code

01106-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Dermatology
and Laser Cent

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: 96BAC2FDED3D9D19651

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 31 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Barry Leshin

Mailing Address 5021 Hidden Lake Trail

City

Lewisville

State

NC

Zip Code

27023-8113

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Skin Surgery Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: 2DD1EEDE91E6C1217AD

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Marc W. Levin

Mailing Address Suite 100
1259 S Cedar Crest Boulevard

City

Allentown

State

PA

Zip Code

18103-6206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: 26724035E4B3FC589A8

Amount of Each Receipt this Period

360.00

C.

Full Name (Last, First, Middle Initial)

Jennifer Ann Lisowe

Mailing Address 17259 511th Street

City

Pine Island

State

MN

Zip Code

55963-6747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owatonna Clinic - MHS

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: A951EA209EA9A8068A8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 32 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Philip James Lobuono

Mailing Address 211 State Route 71

City

Spring Lake

State

NJ

Zip Code

07762-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: 0B5F1262A25AB7F4348

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Dale Macknet, Jr.

Mailing Address 11616 Pecan Way

City

Loma Linda

State

CA

Zip Code

92354-3532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loma Linda Dermatology Me-
dical Group

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 07488F59C20AB70A840

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Stephen Roger Marshall

Mailing Address 2507 N Meadow Lake Drive

City

Hutchinson

State

KS

Zip Code

67502-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: D8C675FC1023A31CB91

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Elizabeth Shannon Martin

Mailing Address 861 Tulip Poplar Drive

City

Birmingham

State

AL

Zip Code

35244-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Martin Dermatology and Sk-
in Wellness

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 127347AF5822DD6C7EE

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Joseph M. Masessa

Mailing Address 35 Green Pond Road

City

Rockaway

State

NJ

Zip Code

07866-2052

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Jersey Dermatology
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: 961EF634EA852388ECF

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robyn M. McCullem

Mailing Address 4605 Maple Leaf

City

Columbia

State

MO

Zip Code

65201-7235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson City Medical Gr-
oup

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 1 0

Transaction ID: 692EE2FE34D04FA2EDB

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Sharon G. McDonald

Mailing Address 109 W Pine Place

City

Saint Louis

State

MO

Zip Code

63108-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunset Dermatology, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: B1EF8FCDEC29E2880BE

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Alexandria Meccia

Mailing Address 7520 Ridgewood Lane

City

Burr Ridge

State

IL

Zip Code

60527-5159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates of
La Grange

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 1 0

Transaction ID: AC64AC9D027FA4CB653

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Alexander Miller

Mailing Address 5823 E Crater Lake Avenue

City

Orange

State

CA

Zip Code

92867-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: D164D4BBE9ECCF1A243

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Stephanie Neider

Mailing Address 111 Pine Street

City

Manistee

State

MI

Zip Code

49660-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Manistee Dermatology

Occupation

Office Coordinator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: 35CFD55F555CE87A13E

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gary S. Novatt

Mailing Address 5250 Louisiana Place

City

Santa Barbara

State

CA

Zip Code

93111-2909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: D19B9C8CBEE78DAB4AD

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Suzanne Olbricht

Mailing Address 45 Hyde Avenue

City

Newton

State

MA

Zip Code

02458-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lahey Clinic

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: B6DB3B00241192C803A

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Lawrence Allen Osman

Mailing Address 11506 Wistful Vista Way

City

Northridge

State

CA

Zip Code

91326-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: 99BCA714357C598597D

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

David Michael Pariser

Mailing Address 933 Winthrope Drive

City

Virginia Beach

State

VA

Zip Code

23452-3936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pariser Dermatology Speci-
alists, Ltd

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 0

Transaction ID: A6DEF9420CE9332E682

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Steven M. Passman

Mailing Address 11740 Southwest 40th Street

City

Towanda

State

KS

Zip Code

67144-9035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Kansas Dermatology Cl-
inic PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 1 0

Transaction ID: 99A0F687B2EFE74FD1B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

5615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Earl S. Pearson

Mailing Address PO Box 1408

City

Porterville

State

CA

Zip Code

93258-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 1 0

Transaction ID: F989D8ED1D290595DFB

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Llewellyn Phillips, II

Mailing Address Suite 200
4509 Talbot Rd. S

City

Renton

State

WA

Zip Code

98055-6294

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: 2BE256CB5D4EC14DE38

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Helen A. Raynham

Mailing Address 16 Norwood Street

City

Winchester

State

MA

Zip Code

01890-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Skin Surgery Ce-
nter LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: 326540D6BF5870E71E3

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Sandra I. Read

Mailing Address 6915 Radnor Road

City

Bethesda

State

MD

Zip Code

20817-6328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 4 | / | 2 | 0 | 1 | 0 |

Transaction ID: F9F275D034504F0BFF8

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael J. Redmond

Mailing Address 16826 Newburgh Road

City

Livonia

State

MI

Zip Code

48154-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: 3FE5A6D226FFC09F3C9

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Vail C. Reese

Mailing Address 818 Sanchez Street

City

San Francisco

State

CA

Zip Code

94114-2956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: D4A1CFF6545E4EE4580

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Phoebe Rich

Mailing Address 11701 Southwest Riverwood Road

City

Portland

State

OR

Zip Code

97219-8452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Dermatology & Research Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: 8A2856FD496C7D0F928

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Joan M. Rindler

Mailing Address 5719 Spring Hill Drive

City

Ann Arbor

State

MI

Zip Code

48105-9552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rindler & Reddy Dermatology, PC

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: 9A4EBD77451B4502486

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Thomas E. Rohrer

Mailing Address 1585 Beacon Street

City

Waban

State

MA

Zip Code

02468-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skin Care Physicians

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: 0FFE1844A20866B552E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Justin T. Roscoe

Mailing Address 8388 Piping Rock Court

City

Millersville

State

MD

Zip Code

21108-1448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anne Arundel Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 0

Transaction ID: 951743EF5EA6882688F

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Howard D. Rosenman

Mailing Address 1569 Doe Trail Lane

City

Yardley

State

PA

Zip Code

19067-4055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: 85DCE70D5E1411BC8DC

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Steven M. Rotter

Mailing Address 8301 Old Courthouse Road

City

Vienna

State

VA

Zip Code

22182-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Skin Surgery

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 9AD40E415E4A8A0A944

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Anna M. Sarno Ryan

Mailing Address 169 Fleming Street

City

Manchester

State

NH

Zip Code

03104-4754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: 7C0DF2ABF9FD7AD25A6

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Justin T. Sawyer

Mailing Address Unit 704
21 E 6th Street

City

Tempe

State

AZ

Zip Code

85281-3694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alta Dermatology

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: 26B810C780C129356E9

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Daniel M. Siegel

Mailing Address 33 Hitherbrook Road

City

Saint James

State

NY

Zip Code

11780-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long Island Skin Cancer
And Dermatolog

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: C67426CF26BCC6DD599

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Edward Shang-Lin Smith

Mailing Address 720 Yorkshire Road

City

Winston Salem

State

NC

Zip Code

27106-5518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Carolina Dermatol-
ogy Clinic In

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 9E29907BEE7472C6255

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ronit H. Stein

Mailing Address 6083 Bither Way

City

Lake Worth

State

FL

Zip Code

33467-8735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: 0A9D7337166DC2CFCDB

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Charles Samuel Stevens

Mailing Address 221 W Kings Highway

City

San Antonio

State

TX

Zip Code

78212-2965

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Dermopath Lab

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: 768A81B138CA0D81A3B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Melody L. Stone

Mailing Address 5701 W 158th Terrace

City

Overland Park

State

KS

Zip Code

66223-3456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Dermatology & Sk-
in Cancer Cen

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 0

Transaction ID: 497CDB4EBBCA5ABF3CD

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Stephen P. Stone

Mailing Address 2021 S Wiggins Avenue

City

Springfield

State

IL

Zip Code

62704-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIU School of Medicine,
Div of Dermato

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 1 0

Transaction ID: 9FB0A4D9598BDF92E49

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Leonard J. Swinyer

Mailing Address 4970 Waimea Way

City

Salt Lake City

State

UT

Zip Code

84117-6445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: 5D2AF24EAD39F177430

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Robert R. Tawil

Mailing Address 3741 W Neptune Street

City

Tampa

State

FL

Zip Code

33629-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: 55857079DD11989E1C1

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gregory Wilkins Thompson

Mailing Address 255 Limestone Creek Road

City

San Antonio

State

TX

Zip Code

78232-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 0

Transaction ID: BF7937D2575C09C4577

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Thomas Newton Trunnell

Mailing Address Suite 306
13801 Bruce B Downs Boulevard

City

Tampa

State

FL

Zip Code

33613-3939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: A57206ADB682FCD6585

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Thomas A. Van Meter

Mailing Address 3865 Sunset Road

City

Santa Barbara

State

CA

Zip Code

93110-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 1 0

Transaction ID: 347F8235B8C3D164848

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Stephen Burtis Webster

Mailing Address N2062 Wedgewood Dr. E

City

La Crosse

State

WI

Zip Code

54601-7175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gundersen Clinic-Onalaska

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: A12D1E70D550189BEA8

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jonathan S. Weiss

Mailing Address 2848 Rangewood Terrace Northeast

City

Atlanta

State

GA

Zip Code

30345-1581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: F79D42E6687DE019283

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Mark L. Welch

Mailing Address 6621 Jill Court

City

Mc Lean

State

VA

Zip Code

22101-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: 3F05ED3C403A37662FC

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Mary Ann Weyer

Mailing Address 165 El Camino Real

City

Sierra Vista

State

AZ

Zip Code

85635-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer
RH Weyer, MD

Occupation
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: 8705611A91A89372FBBF

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard Helge Weyer

Mailing Address 20 E Calle De Amistad

City

Tucson

State

AZ

Zip Code

85716-4912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 0

Transaction ID: 0F41DCBD9A5E94E55E2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Schild M. Wikas

Mailing Address Suite C

421 Graham Road

City

Cuyahoga Falls

State

OH

Zip Code

44221-1344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tri County Dermatology In-
c.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: A5B7AAF267A2CFDBAB7

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

George R. Woodbury, Jr.

Mailing Address 2118 Kirby Road

City

Memphis

State

TN

Zip Code

38119-5510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: AF855695E7F3F333A7E

Amount of Each Receipt this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

David T. Woodley

Mailing Address 640 Millard Canyon Road

City

Altadena

State

CA

Zip Code

91001-3851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Southern Californ-
ia

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: 889252600E89EF5DD8C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Inia I. Yevich-Tunstall

Mailing Address 4729 Playfield Street

City

Annandale

State

VA

Zip Code

22003-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inia Yevich-Tunstall Derm-
atology Servi

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: B4EE0DEB68316CD2C26

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey P. Young

Mailing Address 2121 Beech Street

City

Texarkana

State

AR

Zip Code

71854-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: F425DDE9DFD427FDA89

Amount of Each Receipt this Period

280.00

C.

Full Name (Last, First, Middle Initial)

James A. Zalla

Mailing Address 7736 Camp Ernst Road

City

Burlington

State

KY

Zip Code

41005-9410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Derm Associates of Northe-
rn KY

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 0

Transaction ID: 5D3F9A934D4828C6849

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 52

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Michael D. Zanolli

Mailing Address 513 Fairfax Avenue

City

Nashville

State

TN

Zip Code

37212-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Medical Associat-
esOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: 955EC6E1635865F7450

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jonathan R. Zirn

Mailing Address 47 Steep Hill Road

City

Weston

State

CT

Zip Code

06883-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 4 | / | 2 | 0 | 1 | 0 |

Transaction ID: E583F456F60603E81B9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

71040.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 52

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) American Express | Transaction ID: V90DA3F919964CAAB448 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 53852 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 0 | 3 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 0 | 3 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Phoenix State AZ Zip Code 85072-3852 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Amex Fees Candidate Name | <table border="1"> <tr> <td colspan="10">183.87</td> </tr> </table> | 183.87 | | | | | | | | | | | | | | | | | | | |
| 183.87 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Merchant Services | Transaction ID: VDDB623356F1012E1B35 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 6603 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 0 | 3 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 0 | 3 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Hagerstown State MD Zip Code 21741-6603 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement VS/MC Fees Candidate Name | <table border="1"> <tr> <td colspan="10">258.58</td> </tr> </table> | 258.58 | | | | | | | | | | | | | | | | | | | |
| 258.58 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Merchant Services | Transaction ID: V2636785753D8FB131D9 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 6603 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 0 | 3 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 0 | 3 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Hagerstown State MD Zip Code 21741-6603 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement VS/MC Fees Candidate Name | <table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table> | 30.00 | | | | | | | | | | | | | | | | | | | |
| 30.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

472.45

TOTAL This Period (last page this line number only)

472.45

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Ameripac: the Fund for a Greater America | Transaction ID: 703AB5CA3AC5967DC13 Date of Disbursement |
| Mailing Address 607 14th Street, NW, Suite 800 -- | <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 1 0</div> </div> |
| City Washington State DC Zip Code 20005 | Amount of Each Disbursement this Period |
| Purpose of Disbursement 2010 Contribution Candidate Name Ameripac: the Fund for a Greater America Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution <div>011 Category/ Type</div> | <div>2500.00</div> |
| B. Full Name (Last, First, Middle Initial) Berkley for Congress | Transaction ID: 575232078B989C01A28 Date of Disbursement |
| Mailing Address 3069 Conquista Court | <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 1 0</div> </div> |
| City Las Vegas State NV Zip Code 89121 | Amount of Each Disbursement this Period |
| Purpose of Disbursement 2010 Primary Candidate Name Shelley Berkley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 01 <div>011 Category/ Type</div> | <div>1000.00</div> |
| C. Full Name (Last, First, Middle Initial) Friends of Rosa DeLauro | Transaction ID: A1F8F30087BCA045555 Date of Disbursement |
| Mailing Address 12 Trumbull Street | <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 1 0</div> </div> |
| City New Haven State CT Zip Code 06511 | Amount of Each Disbursement this Period |
| Purpose of Disbursement 2010 Primary Candidate Name Rosa L. DeLauro Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 03 <div>011 Category/ Type</div> | <div>2500.00</div> |
| SUBTOTAL of Disbursements This Page (optional) ► | <div>6000.00</div> |
| TOTAL This Period (last page this line number only) ► | <div></div> |

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Pallone for Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement
2010 General

Candidate Name
Frank Pallone, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: 185E27EC25A3370B2AA

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

11000.00